

City of Tempe
P. O. Box 5002
31 East Fifth Street
Tempe, AZ 85280
480-350-8341
www.tempe.gov



Development Services Department
Building Safety Division

APPLICATION FOR REFUND

I hereby request a refund of fees on:

Plan Check or Permit Number(s) _____

Address _____

for the following reason(s): _____

Completed Requests must be accompanied by a copy of the validated application or permit and may be faxed to the Building Safety Division at (480) 350-8677.

I certify that: (check one)

☐ I personally paid the fee(s) requested, or

☐ I am authorized to request the refund by the (firm) (corporation) that paid the fee(s).

Please make the refund payable to:

Name _____

Address _____ Phone _____

City _____ State _____ Zip _____ Fax _____

Signed _____ Date _____

Office Use Only

Amount Eligible for Refund \$ _____

REFUND APPROVED BY _____